

**PART B - FEE(S) TRANSMITTAL**

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Commissioner for Patents  
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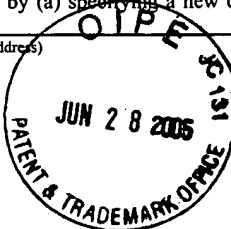
**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

03/29/2005

William W. Cochran  
Cochran Freund & Young LLC  
Suite 230  
3555 Stanford Road  
Fort Collins, CO 80525



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**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/824,176	04/13/2004	Jimmie A. Keeton JR.	WPTK.01USG1	6343

TITLE OF INVENTION: WASTE STREAM DIGESTION METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BARRY, CHESTER T	1724	210-620000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Cochran Freund & Young, LLC.  
2 William W. Cochran  
3

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Waterpure Technologies, Inc.

Bakersfield, CA

06/30/2005 MBERHE1 00000012 10824176

01 FC:2501  
02 FC:1504  
03 FC:8001

700.00 OP  
300.00 OP  
30.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

**4a. The following fee(s) are enclosed:**

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

**4b. Payment of Fee(s):**

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-1491 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature William W. Cochran

Date June 28, 2005

Typed or printed name William W. Cochran

Registration No. 26,652

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

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DOCKET NO.: WPTK.01USG1

IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Jimmie A. Keeton Jr.

Application No.: 10/824,176

Filing Date: April 13, 2004

Title: Waste Stream Digestion Method

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Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450



Examiner: Chester T. Barry

Group Art Unit: 1724

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- ( ) Response/Amendment ( ) Petition to extend time to respond  
( ) New fee as calculated below ( ) Supplemental Declaration  
( ) No additional fee (Address enveloped to "Box Non-Fee Amendments")  
(X) Other: **Issue Fee Transmittal**

CLAIMS AS AMENDED BY SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS		MINUS		=	X \$25	\$
INDEP. CLAIMS		MINUS		=	X \$100	\$
[ ] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$180	\$
EXTENSION FEE	1ST MONTH \$60	2ND MONTH \$225	3RD MONTH \$510	4TH MONTH \$795	\$	
TOTAL FEE						

(X) Attached is a check for **\$1,030.00**.

( ) Please charge to Deposit Account 50-1491 the amount of \$\_\_\_\_\_.

(X) At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 50-1491 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 50-1491 under 37 CFR 1.19, 1.20 and 1.21. **A duplicate copy of this sheet is enclosed.**

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Respectfully submitted,

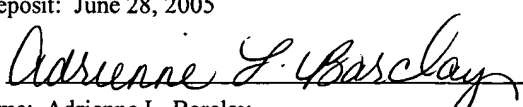
By: 

William W. Cochran  
Attorney/Agent for Applicant(s)  
Reg. No.: 26,652

Telephone No.: (970) 492-1100  
Customer No. 27479

Date of Deposit: June 28, 2005

Date: June 28, 2005

Signature: 

Typed Name: Adrienne L. Barclay